## APPLICATION FOR VOTER REGISTRATION IN THE TOWN OF ODESSA

Applicant's Full Name:				
LAST		FIRST	M.I.	
Mailing Address:				
Street Address:				
Are you a citizen of the United States?	Yes	No		
Are you 18 years of age or over?	Yes	No		
Do you reside in the Town of Odessa?	Yes	No		
Have you moved within the past year?	Yes	_ No		
Intentionally providing misleading or falsapplicant.	se informatio	on may result in legal action	on against the	
<b>IMPORTANT!! YOU MUST PROVIDE PRO APPLICATION!!</b> If approved, you will recovote in a municipal election. You may be	ceive your vo	oter registration card the f		
SIGNATURE			DATE**	
OFFICE USE ONLY:				
APPROVED:				
NOT APPROVED: REASON:				
SECRETARY SIGNATURE		D	ATE	

<sup>\*</sup>Driver's license, utility bill, or item from another agency showing name and physical address.

<sup>\*\*</sup>According to Town Charter, to vote in any election, applications must be submitted according to deadlines which will be posted annually at the Post Office and in the Town Office.